

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

COMPLAINT

Home Address

AGEE 159826
(Last Name) (Identification Number)

ALONZO DIXON
(First Name) (Middle Name)

JACKSON Cty ADULT DETENTION CTR.
(Institution)

1719 KENNET AVE, PASCAGOULA, MS. 39567
(Address)

(Enter above the full name of the plaintiff, prisoner, and address
plaintiff in this action)

ALONZO D. AGEE
1307 SHORE ACRES DR.
MOBILE, AL. 36605

v.

BRODUS

KENNETH ~~BETTER~~ et.al.

Mike BYRD et.al

JACKSON Cty. ADULT DETENTION CTR.

JACKSON Cty. SHERIFF DEPT.

(Enter above the full name of the defendant or defendants in this action)

CIVIL ACTION NUMBER: 1:11CV31 HSO-JMR
(to be completed by the Court)

OTHER LAWSUITS FILED BY PLAINTIFF

(NOTE:)
ADDITIONAL
ON BACK

NOTICE AND WARNING:

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes (✓) No ()
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)
- Parties to the action: ALONZO D. AGEE
 - Court (if federal court, name the district; if state court, name the county):
 - Docket Number:
 - Name of judge to whom case was assigned:
 - Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?):

NOTES. INFORMATION UNKNOWN -

PLEASE CONTACT LAWYER TONY MARCELL
SEPT-OCT 1979
MOBILE, AL.
(OVER)

1. TIM BRAD LUMBER CO - OUT OF BRAZIL
LAWYER: TONY MARCELL

per
1-24-11

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: ALONZO D. AGEE Prisoner Number: 159826
 Address: 1719 KENNETH AVE / 1307 SHORES ACRES DR
PASCAGOULA MS / MOBILE AL. 36605
39567

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: MASOR SHERIFF
KENNETH BROOKS, Mike Byrd is employed as
JACKSON CTY ADULT DETENTION CTR. at _____
JACKSON CTY SHERIFF DEPT

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF:

NAME: ALONZO D. AGEE
Home

ADDRESS: 1719 KENNETH AVE PASCAGOULA MS 39567
1307 SHORES ACRES DR. MOBILE AL.
36605

DEFENDANT(S):

NAME: KENNETH BROOKS
Mike Byrd

ADDRESS: JACKSON CTY ADULT DETENTION CTR.
JACKSON CTY SHERIFF DEPT

GENERAL INFORMATION

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes (☒) No (☐)

B. Are you presently incarcerated for a parole or probation violation?

Yes (☐) No (☒)

C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?

Yes (☒) No (☐)

D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?

Yes (☒) No (☐)

E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?

Yes (☒) No (☐), if so, state the results of the procedure:

Singing
SENT TO HOSPITAL - RIVER.

X-RAY RESULTED IN 2 FRACTURED RIBS.

F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?
Yes (☐) No (☐)

2. State how your claims were presented (written request, verbal request, request for forms):

3. State the date your claims were presented:

4. State the result of the procedure:

STATEMENT OF CLAIM

III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

#1 - A TACTICAL TEAM THREW AN EXPLOSIVE DEVICE INTO THE DAYROOM, THE AREA INWHICH I SLEEP

#2 - THE OBJECT FLASHED WITH A EAR PIERCING SOUND AND THEN EXPLODED - THATS WHEN I FELT PAIN

#3 - I ALERTED THE NURSE DURING HER ROUNDS LATER THAT EVENING CONCERNING AND EXPLAINING THE INCIDENT - I WAS TAKEN TO Singing River Hospital IN PASCAGOULA, MS. AN X-RAY WAS TAKEN - THE RESULTS SHOWED TWO FRACTURED AND A POSSIBLE BROKE RIB.

RELIEF

IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

#1 TO GET OUT OF THIS ENVIRAMENT SO THAT I CAN REST + HEAL properly
 #2 TO PROVIDE MEDICATIONS AND THEOPY TO INSURE proper HEALING AND NORMAL BODY FUNCTIONS - I'M 63yrs old NOW!
 #3 I ALSO SEEK FINACIAL DAMAGES FOR BODY HARM - PAIN AND SUFFERING \$250,000-00

Signed this 12 day of JANUARY

20 11

Home: ALONZO D. AGEE
 1307 SHORES ACRES DR.
 MOBILE AL 36605

X ALONZO D. AGEE
 1719 KENNETH AVE. O-E
 PASCAGOULA MS. 39567

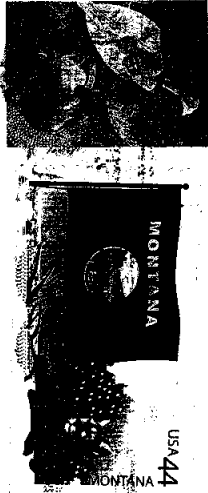
Signature of plaintiff, prisoner number and address of plaintiff

I declare under penalty of perjury that the foregoing is true and correct

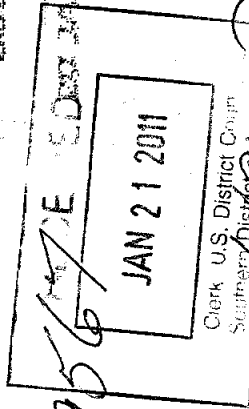
12 JAN 11
 (Date)

X ALONZO D. AGEE
 Signature of plaintiff

Alonso D. Agee
1719 Kennedy Ave O.E.
PASCAGOULA, MS. 39567



COLLEPORT MS
JAN 21 2011 PM

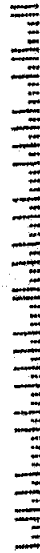


U.S. District Court

P.O. Box 23552

Jackson, MS 39225-3552

Legal



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